



County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES
Tuberculosis Control Branch
3851 Rosecrans St., STE 128, San Diego, CA 92110
(619) 692-5565 FAX: (619) 692-5650

Community Epidemiology
Emergency & Disaster Medical Services
HIV/STD Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
Public Health Nursing/Border Health
TB Control & Refugee Health
Vital Records

Contact Exposed to Drug Resistant Strain

Date: _____

Patient Name: _____ DOB: _____

Dear Doctor: _____

Your patient has been identified as having possible exposure to an individual diagnosed with active, infectious pulmonary tuberculosis between (*insert Date here*) at (*insert Facility here, if appropriate*). The individual with TB has (*insert resistance pattern here*) strain identified by susceptibility testing.

As per the recommendations of the Centers for Disease Control and Prevention (CDC) and other authorities in the treatment of tuberculosis, individuals who have been recently exposed should be evaluated for TB infection and disease. The recommended evaluation for these individuals includes a TB test, symptom review, and chest x-ray to rule out active disease. The recommendations for the management of contacts to MDR cases can be found at www.nationaltbcenter.edu/drtb/docs/10ManageCon.pdf.

A TB test was recently done at the <Facility>:

TB skin test:	Date: ____/____/____	Results: _____ mm	Interpretation: _____
QuantiFERON-Gold:	Date: ____/____/____	Results: _____ IU/ml	Interpretation: _____

The risk of tuberculosis disease can be reduced when treatment for latent TB infection (LTBI) is initiated early. Please note that the TB test may take 8 to 10 weeks to become positive after a person has been infected with tuberculosis. Persons with certain conditions may not be able to mount a response to the test.

Any person suspected of having active tuberculosis should be reported within one day of evaluation to our office at (619) 692-8610.

We hope these suggestions are helpful to you in evaluating your patient. If you have any questions or comments, please contact our office at (619) 692-8631 and ask for the Nurse of the Day. In addition, the latest CDC treatment recommendations can be accessed at <http://www.cdc.gov/tb/default.htm>. Other resources, including guidelines for reporting TB, are available on our website at www.sandiegotbcontrol.org.

Sincerely,

Kathleen S. Moser, M.D., M.P.H.
Chief, Tuberculosis and Refugee Health Services

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease					
Patient	Risk	Initial TST	Additional Exams	If initial and repeat TST is negative	If initial or repeat TST is positive
Children under 5 years of age	Able to progress rapidly from primary infection to disseminated disease, including meningitis.	Place a Mantoux method tuberculin skin test (TST) and read in 48-72 hours.	Regardless of TST results, evaluate the child with clinical and CXR exams.	If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start treatment for presumptive LTBI immediately. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, discontinue treatment¹. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment Expert medical guidance should be sought for appropriate treatment.
Immunocompromised Individual <ul style="list-style-type: none"> HIV-positive persons Patients receiving immunosuppressive therapy (e.g. chemotherapy, anti-TNF, organ transplant recipient, equiv. to $\geq 15\text{mg/day}$ of prednisone for ≥ 1 month) 	Able to rapidly progress from primary infection to disseminated disease. May be unable to develop a positive TST reaction even if infected.	Place a Mantoux method TST and read in 48-72 hours.	Regardless of TST results, evaluate the patient with clinical and CXR exams.	If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start treatment for presumptive LTBI. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, re-evaluate continuation of therapy in consideration of the patient's level of exposure, current immune status, and final results of the suspected source case's evaluation. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment Expert medical guidance should be sought for appropriate treatment.
All Other Individuals	Risk of progressing from TB infection to TB disease is high within the first two years after becoming infected.	Place a Mantoux method TST and read in 48-72 hours.	Regardless of TST results, evaluate the patient for any signs or symptoms of TB disease.	If the patient has no signs or symptoms of active TB disease and the TST, by the Mantoux method, is 0-4 mm: <ul style="list-style-type: none"> Treatment for presumptive LTBI need not be started. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, no further action is needed. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Evaluate person for LTBI treatment Must have a CXR prior to LTBI treatment. Expert medical guidance should be sought for appropriate treatment.
An individual with a documented positive TST prior to current exposure	Reinfection is possible, but limited risk in immuno-competent contacts.	Obtain verification of the past positive skin test.	Obtain CXR to rule out current disease.	Note: Patient may be a candidate for treatment of LTBI based on pre-existing TB infection, not related to the recent exposure.	

¹Children less than 6 months old may be unable to develop TST response, even if infected.